

PART B - FEE(S) TRANSMITTAL

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(Date)

APPLICANT	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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Rankin, Hill & Clark LLP 06/28/2006 Takashi Kumabe NIS-16743 2102

TITLE OF INVENTION: METHOD OF DETERMINING COMPLETION OF COIN INSERTION AND COIN RECOVERING DEVICE FOR AUTOMATIC VENDING MACHINE

SMALL ENTITY	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
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NO NO \$1510 \$300 \$0 \$1810 01/25/2010

EXAMINER	ART UNIT	CLASS-SUBCLASS
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SHAPIRO, JEFFERY A 3653 194-224000

<p>1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.27):</p> <p><input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address) in PTO/SB 122 attached.</p> <p><input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB 122, (3-02 or more recent) attached. Use of a Customer Number is required.</p>	<p>2. For printing on the patent front page, list:</p> <p>(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,</p> <p>(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.</p>	<p>1 Rankin, Hill & Clark LLP</p> <p>2</p> <p>3</p>
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ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

FILED: (A) **NAME:** Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation with the USPTO. Completion of this form is NOT a substitute for filing an assignment.

(A) **NAME OF ASSIGNEE:** (B) **RESIDENCE (CITY and STATE OR COUNTRY):**

KONAMI DIGITAL ENTERTAINMENT CO., LTD. Tokyo, Japan

Indicate the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

<p>3a. The following fee(s) are submitted:</p> <p><input checked="" type="checkbox"/> Issue Fee</p> <p><input checked="" type="checkbox"/> Publication Fee (small entity discount permitted)</p> <p><input type="checkbox"/> Other Fee(s):</p>	<p>4b. Payment of Fee(s): (Please first recopy any previously paid issue fee shown above)</p> <p><input type="checkbox"/> A check is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 18-0160 (enclose an extra copy of this form).</p>
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<p>5. Change of Entity Status (from status indicated above)</p> <p><input type="checkbox"/> Applicant claims SMALL ENTITY status. See 37 CFR 1.27.</p>	<p><input type="checkbox"/> b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).</p>
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<p>Signature: /David E. Spaw/</p> <p>Typed printed name: David E. Spaw</p>	<p>Date: December 27, 2009</p> <p>Registration No.: 34732</p>
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